

APPLICATION FOR RADIO OPERATOR AUTHORIZATION		DATE
CHARTER NUMBER	UNIT NAME	ROA/ROP NUMBER
COMM CLASS DATE	UNIT ADDRESS (STREET, CITY, AND ZIP CODE)	REPLACEMENT OF PREVIOUS ISSUED CARD YES <input type="checkbox"/> NO <input type="checkbox"/>
APPLICANT (LAST NAME, FIRST, MI) <div style="float: right;"> SENIOR <input type="checkbox"/> CADET <input type="checkbox"/> </div>		CAPID NUMBER
STREET	CITY	ZIP CODE
		TELEPHONE NUMBERS HOME WORK
I CERTIFY THAT I HAVE MET THE REQUIREMENTS FOR THE CIVIL AIR PATROL RADIO OPERATOR AUTHORIZATION CAPF 76 CARD. APPLICANT: _____ RANK: _____ DATE: _____		
I CERTIFY THAT THE APPLICANT IS FAMILIAR WITH CAPR 100-1 VOLUMES 1 & 3 AND THE KANSAS WING COMMUNICATIONS SUPPLEMENTS ON OPERATIONS, HAS DEMONSTRATED COMMUNICATIONS PROFICIENCY AND THE PROPER USE OF CIVIL AIR PATROL PROCEDURES INSTRUCTOR: _____ RANK: _____ DATE: _____		
I CERTIFY THAT THE APPLICANT IS AN ACTIVE CIVIL AIR PATROL MEMBER AND I APPROVE GRANTING THE RADIO OPERATOR AUTHORIZATION ROA (CAPF 76) CARD. UNIT COMMANDER: _____ RANK: _____ DATE: _____		
ADVANCED RADIO OPERATOR AUTHORIZATION		
I CERTIFY THAT THE APPICANT HAS PASSED THE CIVIL AIR PATROL RADIO OPERATOR ADVANCED TEST (CAPF 119) WITH A SCORE OF: _____ %. NOTE: A NEW CAPF 76 CARD WILL BE ISSUED WITH THE LETTER "A" AFTER THE CARD NUMBER. TESTING OFFICER: _____ RANK: _____ DATE: _____		
NOTE: This application must be signed by the wing communications officer or designee. If you hold a CAPF 76 issued prior to JAN 97, please indicate this on your application for a replacement card and enclose a copy of card. Submit two copies of this form to KSWG Director of Communications.		

 WING DIRECTOR OF COMMUNICATIONS OR DESIGNEE

 DATE ISSUED

 ACTION/CARD NUMBER